

05/02/2018 WED 16:23 FAX 6157417031 TDOH HCF

035/039

PRINTED: 04/19/2018

FORM APPROVED

OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESSTATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

445170

(X2) MULTIPLE CONSTRUCTION
A. BUILDING 01 - MAIN BUILDING

B. WING

(X3) DATE SURVEY
COMPLETED

04/16/2018

NAME OF PROVIDER OR SUPPLIER

GOOD SAMARITAN HEALTH AND REHAB CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

600 HICKORY HOLLOW TERRACE
ANTIOCH, TN 37013(X4) ID
PREFIX
TAGSUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)ID
PREFIX
TAGPROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)(X5)
COMPLETION
DATE

K 000 INITIAL COMMENTS

K 000

A Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulations Office of Health Care Facilities on 04/16/2018. During this Life Safety Survey, Good Samaritan Health and Rehab Center was found not in substantial compliance with the requirements for participation in Medicare/Medicaid with Title 42 CFR Subpart 483.70(a), The Rules of Tennessee Department of Health Board for Licensing Health Care Facilities Chapter 1200-08-06 Standards For Nursing Homes, and National Fire Protection Association (NFPA) 101 Life Safety (2012 Edition).

* All penetrations requiring Fire Stop shall be repaired in accordance with a tested and approved Fire Stop System meeting the requirements of the UL (Underwriters Laboratory) assembly to which the Fire Stop is being applied. The system used shall be recorded and documentation shall be maintained for the life of the installation.

* Any Engineering Judgments for Fire Stop requires State approval.

* All damaged, painted, or corroded sprinklers shall be replaced in accordance with NFPA 25, Standards for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems (2011 Edition).

K 353 Sprinkler System - Maintenance and Testing
SS#D CFR(s): NFPA 101

K 353

Sprinkler System - Maintenance and Testing
Automatic sprinkler and standpipe systems are

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is required to continued program participation.

Received
5-8-18

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445170	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 04/16/2018
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN HEALTH AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 500 HICKORY HOLLOW TERRACE ANTIOCH, TN 37013	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 363	<p>Continued From page 1</p> <p>Inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.</p> <p>9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, the facility failed to maintain the sprinkler system.</p> <p>The findings include:</p> <p>Observation of 04/16/2018 between 11:45 AM and 12:18 PM, revealed sprinkler deficiencies in the following locations:</p> <p>a. RM 306 (1 of 2) Painted</p> <p>b. Water heater room 200 hall painted</p> <p>c. Public restroom by the front door</p> <p>NFPA 101, 19.3.5.1 (2012 Edition), NFPA 101, 9.7.1.1 (2012 Edition), NFPA 13, 26.1 (2010 Edition), NFPA 25, 5.2.1.1.2 (2011 Edition)</p> <p>The maintenance director was present for the findings which were later acknowledged by the administrator during the exit conference on 04/16/2018.</p>	K 363	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>Pye - Barker conducted on-site visit April 20, 2018, made inspection of the following areas.</p> <p>Room 306</p> <p>Room 200 - Water Heater Room</p> <p>Room- Front Lobby Restroom</p> <p>Schedule date for repair completion 5/15/18.</p> <p>(See attachment #1).</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</p> <p>Vendor, Pye - Barker surveyed the entire building and observed all the sprinkler heads. Those identified in need of repair or replacement will be replaced.</p>	

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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN HEALTH AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 500 HICKORY HOLLOW TERRACE ANTIOCH, TN 37013	
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K 353	<p>Continued From page 1</p> <p>Inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.</p> <p>9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, the facility failed to maintain the sprinkler system.</p> <p>The findings include:</p> <p>Observation of 04/16/2018 between 11:45 AM and 12:18 PM, revealed sprinkler deficiencies in the following locations:</p> <p>a. RM 306 (1 of 2) Painted</p> <p>b. Water heater room 200 half painted</p> <p>c. Public restroom by the front door</p> <p>NFPA 101, 19.3.5.1 (2012 Edition), NFPA 101, 9.7.1.1 (2012 Edition), NFPA 13, 26.1 (2010 Edition), NFPA 25, 5.2.1.1.2 (2011 Edition)</p> <p>The maintenance director was present for the findings which were later acknowledged by the administrator during the exit conference on 04/16/2018.</p>	K 353	<p>What measure will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur; and</p> <p>The facility maintenance staff will conduct monthly monitoring rounds, or more often if needed to ensure sprinkler heads are free of paint/debris.</p> <p>Vendor, Pye - Barker will make annual inspections to ensure compliance.</p>	

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NAME OF PROVIDER OR SUPPLIER

GOOD SAMARITAN HEALTH AND REHAB CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

500 HICKORY HOLLOW TERRACE
ANTIOCH, TN 37013

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K 353

Continued From page 1

inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.

a) Date sprinkler system last checked

b) Who provided system test

c) Water system supply source

Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.

9.7.5, 9.7.7, 9.7.8, and NFPA 25

This REQUIREMENT is not met as evidenced by:

Based on observations, the facility failed to maintain the sprinkler system.

The findings include:

Observation of 04/16/2018 between 11:45 AM and 12:18 PM, revealed sprinkler deficiencies in the following locations:

a. RM 306 (1 of 2) Painted

b. Water heater room 200 hall painted

c. Public restroom by the front door

NFPA 101, 19.3.5.1 (2012 Edition), NFPA 101, 9.7.1.1 (2012 Edition), NFPA 13, 28.1 (2010 Edition), NFPA 25, 6.2.1.1.2 (2011 Edition)

The maintenance director was present for the findings which were later acknowledged by the administrator during the exit conference on 04/16/2018.

K 353

How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place.

The Physical Plant Manager will Monitor for compliance.

All non-compliance concerns will be referred to the QAPI Committee for review of effectiveness of the interventions implemented.

The members include Administrator, Assistant Administrator, DON, DSD, QA Coordinator, MDS Coordinator, Activity Manager, Dietary Manager, Rehab Manager, Social Services Director, Physical Plant & Maintenance Mgr., Medical Records Manager and RN/CNT.

Monitoring will be conducted daily, weekly, monthly or as ordered by the Medical Director.

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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN HEALTH AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 600 HICKORY HOLLOW TERRACE ANTIOCH, TN 37013	
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K 920 K 920 SS=D	Continued From page 2 Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to use the proper power taps. Observations on 04/16/2018 between 11:24 AM and 11:44 AM, revealed improper use of power taps in the following locations: a. RM 114 (Medical Equipment) b. RM 208 (Personal Equipment) c. RM 209 (Personal Equipment) d. RM 207 (2, one with medical equipment and	K 920 K 920	What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice The non-compliant power strips were replaced 4/16/18 with UL - 1363 power strips in the following rooms. Room- 114 Room - 208 Room - 209 Room - 305 Room - 207 (2 strips were replaced) Total = 6 (SEE ATTACHMENT 2)	

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K 920 SS=D	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to use the proper power taps. Observations on 04/16/2018 between 11:24 AM and 11:44 AM, revealed improper use of power taps in the following locations: a. RM 114 (Medical Equipment) b. RM 208 (Personal Equipment) c. RM 209 (Personal Equipment) d. RM 207 (2, one with medical equipment and	K 920 K 920	How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; The facility maintenance staff will conduct monthly monitoring, or more often if needed to ensure appropriate power strips are in place. What measure will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur; and The newly assigned QAPI team will monitor for appropriate power strips during the daily rounds and document the findings on the "IDT Daily Rounds Report Sheet"	

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K 020	Continued From page 3 one with personal equipment) NFPA 99, 10.2.4 (2012 Edition) The maintenance director was present for the findings which were later acknowledged by the administrator during the exit conference on 04/16/2018.	K 020	<p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place.</p> <p>The Physical Plant Manager will Monitor for compliance.</p> <p>All non-compliance concerns will be referred to the QAPI Committee for review of effectiveness of the interventions implemented.</p> <p>The members include Administrator, Assistant Administrator, DON, DSD, QA Coordinator, MDS Coordinator, Activity Manager, Dietary Manager, Rehab Manager, Social Services Director, Physical Plant & Maintenance Mgr., Medical Records Manager and RN/CNT.</p> <p>Monitoring will be conducted daily, weekly, monthly or as ordered by the Medical Director.</p>		